



<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 5px 0;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/613,517
		Filing Date	07/03/2003
		First Named Inventor	Boecker
		Group/Art Unit	3736
		Examiner Name	Hoeckstra, Jeffrey
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ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Information Disclosure Statement w/1449 & 5 references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-right: 10px;"></div> Remarks		

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